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SOS  
610 N. Silver St  
Silver City, NM 88061  
  
575-958-6131  
575-958-6947

Use Note Creation Time

Clear Time

Set Date/Time

Attson, Stephanie

ID: 151    DOB: 8/18/1987

7/29/2023  
6:01 PM

Case Management Note (SOS)

Print

Audit Log

Service Location

Turn

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Capture Signature

#1 Signed By:

Capture Signature

#2 Signed By:

Capture Signature

#3 Signed By:

Continue accommodating client to the best of shelter abilities and prompt client to participate in programming plans.

History of Risk Factors:

\*History of Abuse:  
\*History of Alcohol or Substance Abuse

Current Risk Factors:

\*Absent or Weak Support System:  
\*Experiencing Severe Anxiety or Panic  
\*Serious Current Medical Problems

Suicide Risk Assessment:

Stephanie denies suicidal ideas or intentions.

Suicide Risk:

Based on the absence of risk factors, Stephanie's current risk of suicide is considered Very Low or Absent. There are no suicidal ideation or self-destructive or aggressive thoughts or actions.

Violence Risk:

Based on the risk factors reviewed, Stephanie's current risk of violence is considered Absent or Very Low. There is no homicidal ideation or intention. No aggressive ideation, self-injurious intentions, or ideation within the past six months prior to this instance of treatment.

Access to Lethal Means:

Access to lethal means was discussed with Stephanie. She denies having access to lethal means at this time.

1 Unit for H2015 Comprehensive Community Support Services - UH

Time spent face to face with patient and/or family and coordination of care: 15 min

Session start: 4:15 PM  
Session end: 4:30 PM

T.Y

Ryan Dingess, CSW

Electronically Signed  
By: Ryan Dingess, CSW

1 of 1

7/30/23, 6:51 PM